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MCNETT & HENRY LLP**  
PATENT & TRADEMARK ATTORNEYS

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**FACSIMILE TRANSMITTAL SHEET**

<b>TO:</b> U.S. Patent and Trademark Office	<b>FROM:</b> Douglas G. Gallagher
<b>FAX NUMBER:</b> 571.273.8300	<b>DATE:</b> January 27, 2006
<b>YOUR REFERENCE NUMBER:</b> Serial No.: 10/648,057 Inventor: Scott Haisley Filing Date: August 26, 2003 Examiner/Group Art: William M. Pierce/3711	<b>TOTAL NO. OF PAGES INCLUDING COVER:</b> 5 <b>SENDER'S REFERENCE NUMBER:</b> 34062-3 <b>RE:</b> BOWLING BALL HOLE INSERT

☐ URGENT  
 ☐ FOR REVIEW  
 ☐ PLEASE COMMENT  
 ☐ PLEASE REPLY  
 ☐ PLEASE RECYCLE

**NOTES/COMMENTS:**

**Attached please find:**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Credit Card Form PTO-2038 <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Incl Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Declaration/Power of Attorney <input type="checkbox"/> Drawings <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Reconsideration    
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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2005****Complete if Known**☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 250.00

Application Number	10/648,057
Filing Date	August 26, 2003
First Named Inventor	Scott Haisley
Examiner Name	William M. Pierce
Art Unit	3711
Attorney Docket No.	34062-3

**METHOD OF PAYMENT (check all that apply)**

- ☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account Deposit Account number: 23-3030 Deposit Account Name: Woodard, Emhardt, Moriarty, McNett & Henry LLP  
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
-20 or HP	=	X	=	X	=	=
HP = highest number of total claims paid for, if greater than 20						

Independent Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-3 or HP	=	X	=
HP = highest number of independent claims paid for, if greater than 3			

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100	=	/50 = (round up to a whole number)	X	=

**4. OTHER FEE(S)**Non-English Specification, \$130 fee (no small entity discount)  
Other (e.g., late filing surcharge): Notice of Appeal

Fee Paid (\$)
250.00

**SUBMITTED BY:**

Signature		Registration No.: (Attorney/Agent)	57,783	Telephone:	(317) 634-3456
Name (Print/Type):	Douglas G. Gallagher	Date:	January 27, 2006		

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office at 671-273-8300 on the date listed below:

Name (Print/Type)	Danielle Y. Sneed	Date	January 27, 2006
Signature			

#383282

WEMMH #317053 (Rev. 7/05)